

RECEIVED
CENTRAL FAX CENTERSerial No: 09/142683
Attorney Docket No: 120-126

NOV 24 2004

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306

11/24/2004
dateLindsay G. McGuinness
Signature

Lindsay G. McGuinness
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal x 2	2 page
Revocation of Power of Attorney with New Power of Attorney	
And Change of Correspondence Address	1 page
Appendix A to Revocation	1 page
Total including this sheet	<u>5 pages</u>

RECEIVED
CENTRAL FAX CENTER

NOV 24 2004

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Please type a plus sign (+) inside this box → +

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/742 683
		Filing Date	12/19/2000
		First Named Inventor	Ong
		Group Art Unit	2155
		Examiner Name	Qureshi
Total Number of Pages in This Submission		Attorney Docket Number	120-126
		Nortel Ref:	13317

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address -Appendix A
Remarks		Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lindsay G. McGuinness, Reg. No. 38,549 Steubing McGuinness & Manaras LLP
Signature	
Date	11/22/2004

CERTIFICATE OF MAILING OR FACSIMILE	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22312 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below:	
Type or printed name	Carol Ann Mahoney
Signature	
Date	11/24/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/742 683
		Filing Date 12/19/2000
		First Named Inventor Ong
		Group Art Unit 2155
		Examiner Name Qureshi
Total Number of Pages in This Submission 1		Attorney Docket Number 120-126
		Nortel Ref. 13317

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) and letter	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	-Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	-Appendix A
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks	Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lindsay G. McGuinness, Reg. No. 38,549 Steubing McGuinness & Manaras LLP
Signature	<i>Lindsay G. McGuinness</i>
Date	11/22/2004

CERTIFICATE OF MAILING OR FACSIMILE		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below:		
Type or printed name	Carol Ann Mahoney	
Signature	<i>Carol Ann Mahoney</i>	Date 11/24/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231